

Expanding Range and Reach of Contraceptives in India

What are the main characteristics of an effective family planning programme?

An effective family planning (FP) programme is one that is voluntary, responsive and client-centred. It should address the different FP needs of clients, offer a wide choice of contraceptive methods, provide the option to switch between contraceptive methods, as per the users' changing needs, and ensures an uninterrupted supply of contraceptives at all levels of service delivery points¹. It is therefore important that a family planning programme is always striving for quality of care, increasing access to and providing a range of contraceptive methods and information for its clients.

Contraceptive methods have benefits other than their primary use of preventing unintended pregnancy. They reduce pregnancy-related morbidity and mortality, both maternal and neo-natal, by preventing high-risk pregnancies (too early, too late, too closely spaced or too many), and decrease HIV/STI incidence. Contraceptives prevent unsafe abortions, one of the leading causes of maternal death globally.

Reference: Starbird, E., Norton, M., & Marcus, R. (2016). Investing in family planning: key to achieving the sustainable development goals. *Global health: science and practice*, 4(2), 191-210; https://www.guttmacher.org/sites/default/files/report_pdf/health-benefits.pdf

What is contraceptive method choice?

Contraceptive method choice means clients have multiple contraceptive options to choose from that can meet their needs and preferences. It also means they have received all the necessary information about the range of methods available, their use, their effects and alternatives available in case they want to switch methods. Family planning needs of individuals vary throughout their reproductive life course — based on their age, personal circumstances and changing childbearing choices. Since it also differs from one woman to another, it is essential to know what users want and what their fertility intentions are and offer a range of options to pick from.

What Is “Full Range”?

One guideline for offering a full range of contraceptive choices is to ensure at least one method from each of the following categories:

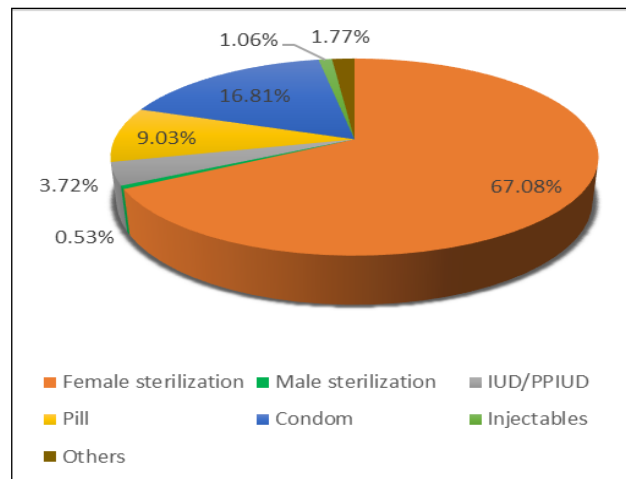
- Barrier (condoms, diaphragm).
- Short-acting (oral pills, injectables, patch, ring).
- Long-acting reversible (intrauterine device - IUD, implants).
- Permanent (male and female sterilization).
- Emergency contraception.

In addition, programs should offer resources for women and couples who wish to use a natural family planning method such as the Standard Days Method or the Two-Day Method

[Excerpts from Population Reference Bureau's Policy Brief accessed at <https://www.prb.org/method-choice-for-successful-family-planning-programs/>

What is method skew?

Female sterilisation stands at 67% of the modern contraceptive use among married women in India². This *method skew* not only indicates that the burden of contraception is heavily borne by women but also the programme's reliance on a single method. While there will always be a number of women who would prefer sterilisation, method skew highlights the need to prioritise birth spacing methods (short & long-acting) for addressing the varying preferences of all clients, majority of whom are young. Refer to the figure on the right: *Family Planning Method Mix (NFHS, 2019-21)*.



Why make contraceptives accessible particularly among the young?

India has one of the largest populations of young people (10-24 years) accounting for 373 million (30.9%), with every third person in the country belonging to this age group³. This critical segment of the population which is in their reproductive age group, or will soon be, reflects the immediate reproductive health needs of young people and demands for the times to come.

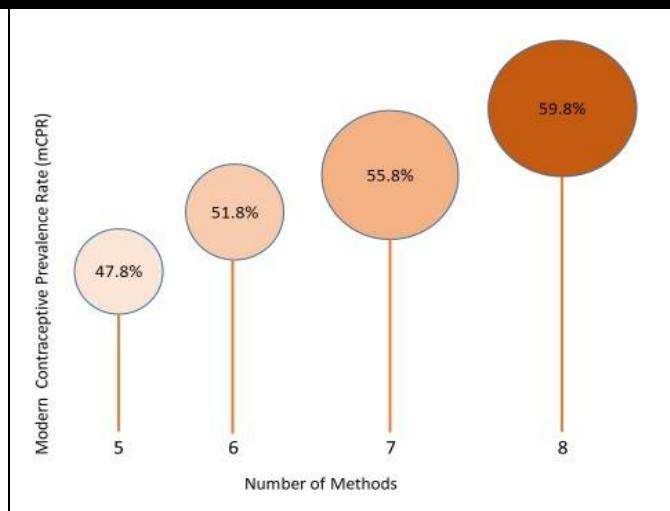
As per the National Family Health Survey-5 (2019-21-), 9.4% (approx. 22 million) women of reproductive age (15-49 years) in India who want to avoid pregnancy are not using a modern contraceptive method, referred to as having an *unmet need for family planning*⁴. The most urgent task of the family planning programme is to address the unmet need and stabilise the population by expanding the range and reach of contraceptive choices for women and adolescent girls, particularly those in underserved communities, groups and geographies.

Why is expanding contraceptive choices important for any family planning programme?

Expanding contraceptive choice involves **introducing new contraceptives** to family planning programme and **maximising access to the current basket of choice**.

Global evidence suggests that for every additional contraceptive method made available to most of the population, there is an overall increase in the percentage of married women using contraception. Contraceptive use and continuation increase when more methods are available⁵.

Source: "Use of Modern Contraceptives increases when more methods become available: analysis of evidence from 1982-2009", John Ross and John Stover, *Global Health: Science and Practice* 2013, Vol 1, No.2



Expanding method choice increases contraceptive use and continuity, enabling more women and couples to make decisions over their fertility—preventing unintended pregnancies and unsafe abortions, spacing their children and realising their desired family size. In return, reducing fertility, keeping girls in school and helping them attain their educational goals, and improving the health and well-being of families create pathways for workforce participation, independence and women’s empowerment⁶. It also satisfies the needs of young people who may prefer spacing methods over sterilisation.

What is the current contraceptive basket in India?

At present, India has eight contraceptive methods in the public health system. From five methods till 2016, the country enhanced the basket of contraceptive choices by adding three new contraceptives in 2017- *progestin only pills (PoP)*, *injectable contraceptive (MPA, called Antara Programme)* and *Centchroman (Chhaya, also called weekly pill)*.

In the current basket, there is only one Long-Acting Reversible Contraception (LARC), i.e. intra-uterine contraceptive device-IUCD. It clearly points to the need for **expanding spacing methods** by introducing additional LARCs in the public health system. LARC is one of the safest, most convenient and most effective contraceptive technologies for young people. In addition, the return to fertility after using LARCs is faster than it is with some short-term methods⁷, like injectables.

Why add LARC - implants to the existing basket?

Implants is a promising option, being used for many years around the world and considered one of the most effective methods to achieve fertility intentions—to delay pregnancy and spacing between two births as well as for reducing the frequency of healthcare facility visits, especially for women in resource-limited areas. A study by National Institute for Research in Reproductive Health (NIRRH) and ICMR established the clinical effectiveness and cost-effectiveness of implants, and recommended that it is suitable for inclusion in the Indian public health system⁸.

Expand the reach of contraceptive information

Expanding the range of contraceptive methods will not result in a spontaneous increase in contraceptive use and its continuation. The uptake of the range of options depends on local availability and accessibility of all methods in the existing basket. Multi-country analysis suggests modern contraceptive prevalence rate can increase merely by widening geographic access to more of the existing basket of methods⁹. There are persisting issues with method choice and uptake within the family planning programme¹⁰ mainly because of poor counselling, quality of care¹¹ and supply-side constraints¹².

This is evident from the fact that the roll-out and uptake of the new contraceptives has not been uniform across the country. In 2017, Injectable Contraceptive was made available in 146 districts across 7 high focus states under Mission Parivar Vikas (MPV) by the Ministry of Health & Family Welfare (MoHFW). The plan was to make injectables available at all levels of the public health system in the MPV districts, however, currently its availability varies across the states¹³. Though Centchroman tablets have been distributed across the country, its uptake has been sub-optimal due to issues related to its awareness, counselling and replenishment. The roll-out of progestin only pills or PoP is yet to commence¹⁴.

It is critical to *maximise the reach and use of currently available choices* by addressing issues including barriers related to access, fears and misconceptions associated with contraceptive methods, providers' bias, lack of awareness among clients and frontline health workers, geographical and economic challenges and restrictive social-cultural norms.

Besides this, the family planning programme should ensure a comprehensive, client-centred approach that considers various facets of the programme—adequate resource allocation, uninterrupted commodity supply at facilities and community level, provider training on all methods and counselling, and social behaviour change communication for generating demand¹⁵.

Expanding the range and reach of contraceptive choices can help India meet the goals set out in national policies¹⁶, FP2030 commitments, and the achievement of Sustainable Development Goals. Committing to upholding the quality of care, voluntary choice, and addressing the preferences and needs of users are all determinants of an effective family planning programme.

¹ <https://www.prb.org/method-choice-for-successful-family-planning-programs/>

² International Institute for Population Sciences (IIPS) and ICF. 2021. National Family Health Survey (NFHS-5), India, 2019-21. Mumbai: IIPS. http://rchiips.org/nfhs/NFHS-5_FCTS/India.pdf

³ Census of India 2011

⁴ International Institute for Population Sciences (IIPS) and ICF. 2021. National Family Health Survey (NFHS-5), India, 2019-21. Mumbai: IIPS. http://rchiips.org/nfhs/NFHS-5_FCTS/India.pdf

⁵ Ross, J., and Stover, J. (2013) Use of modern contraception increases when more methods become available: analysis of evidence from 1982--2009. *Global health, science and practice* 1, 203--212

⁶ <https://www.who.int/news-room/fact-sheets/detail/family-planning-contraception>; <https://www.prb.org/method-choice-for-successful-family-planning-programs/>

⁷ http://www.who.int/reproductivehealth/publications/family_planning/mec-wheel-5th/en/

⁸ https://htain.icmr.org.in/images/pdf/4_Policy_Brief_Nexplanon.pdf

⁹ Ross J, Stover J. Use of modern contraception increases when more methods become available: analysis of evidence from 1982--2009. *Glob Health Sci Pract*. 2013;1(2):203-212. <http://dx.doi.org/10.9745/GHSP-D-13-00010>.

¹⁰ International Institute for Population Sciences (IIPS) and ICF. 2017. National Family Health Survey (NFHS-4), 2015-16. Mumbai, India: IIPS. http://rchiips.org/nfhs/factsheet_NFHS-4.shtml

¹¹ Muttreja, P., & Singh, S. (2018). Family planning in India: The way forward. *The Indian journal of medical research*, 148 (Suppl 1), S1.

¹² <https://www.path.org/articles/india-protecting-reproductive-choice-through-stronger-supply-chains/>

¹³ Roll-out of injectable, Government Order D.O. No.N.11027/4/2016-FP, dated June 22, 2017, Ministry of Health and Family Welfare.

¹⁴ <https://main.mohfw.gov.in/sites/default/files/Annual%20Report%202020-21%20English.pdf> (MoHFW 2020-21 Annual Report)

¹⁵ https://www.who.int/reproductivehealth/publications/family_planning/expanding-contraceptive-choice/en/

¹⁶ https://nhm.gov.in/images/pdf/guidelines/nrhm-guidelines/national_population_policy_2000.pdf; https://www.nhp.gov.in/nhpfiles/national_health_policy_2017.pdf